#### 2016 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163s

Region: 11

Center #: 15

## **SECTION A: CENTER ORGANIZATION**

1. Center Name: GREENWOOD PRESCHOOL
2. Mailing Address
Street: 6525 BELCREST ROAD, ROOM G-90
3. City: HYATTSVILLE
4. State: MD Zip: 20782
5. Telephone: (301) 458-4860 Fax: 301-458-4863
6. E-mail address: greenwoodschoolmd@verizon.net
7. Center website: www.greenwoodschoolmd.org
8. Center Management/Corporate Name: Greenwood School, Inc.
9. The Provider is (pick one): 3. Independent for-profit orga ▼
10. What date did the Current Provider begin operations at this child care center? 9/1/1987 (mm/dd/yyyy)
11. Center Director's Name: (b) (6)
12. Current Center Director's starting date as the Director <u>at this child care center</u> : 9/1/1987 (mm/dd/yyyy)

#### **SECTION B-1: DAILY OPERATIONS**

- 1. Operating Hours, center is open from 7:30 a.m. to 6:00 p.m. Time format: (HH:MM)
- 2. Total open hours a day: 10 Hours and 30 Minutes (System Calculated)
- 3. Ages accepted at this time (do not show ages for programs not operating on 01/01/2016, e.g., summer program for school-agers) (answer in months):

A. YOUNGEST: 3 months

B. OLDEST: 72 months

4. How many days per year is the center closed in addition to 10 Federal Holidays?

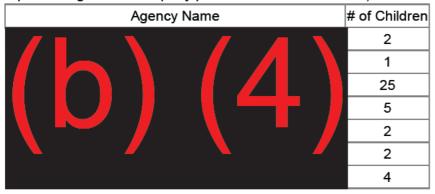
If you have additional days please provide an explanation:

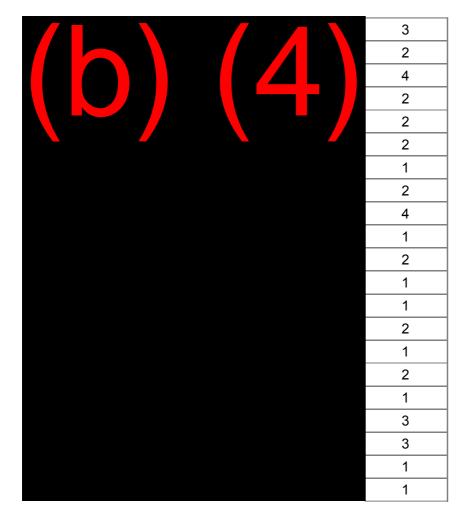
Classroom preparation, deep cleaning and winter break

#### SECTION B-2: ENROLLMENT FIGURES AS OF 01/01/2016

1. GSA/NAEYC capacity: 135

2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).





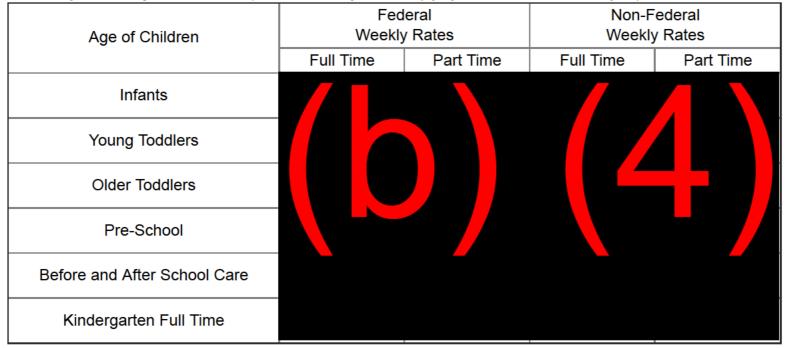
#### 3. Enrollment Figure Table:

Age Of Children	Total # of	Full Time Enrollment		Part Time Enrollment		# of Children in Waiting List		# of Vacancies
	Spaces	Fed	Non-Fed	Fed	Non-Fed	Fed	Non-Fed	vacancies
Infants								
Young Toddlers								
Older Toddlers								
Preschoolers								

School-agers	(b) (4)							
Corloor agers								
Sub Total	135	(b) (4)						2
Total	135	12	26	1	1	23	34	3
· Otal				·	•		•	

### **SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND**

1. What are your Weekly Tuition Rates? ( If it is a monthly rate multiply by 12 months and divide by 52)



2. The period covered by center's most recent 12-month budget/annual report is

from 01/01/2015 [mm/dd/yyyy) to 12/31/2015 [mm/dd/yyyy):

- Total Income for period covered above: \$ (b) (4)
- Total Expenses for Director/Staff Salaries and Benefits for period covered above: \$ (b) (4)

Total Center Expenses including salaries and benefits for period covered above: \$

(b) (4)

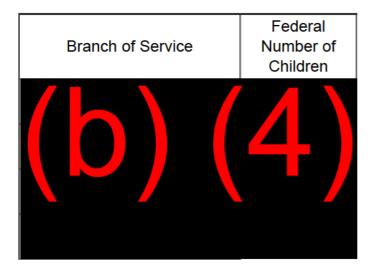
Staff salaries and benefits represents (5) (4) (System Calculated) of your total expenses.

#### **SECTION C-2: TUITION ASSISTANCE**

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is **not** a federal agency)

Federal Agencies Providing Tuition Subsidy # of Children Receiving Subsidy

2. How many Military Children received tuition assistance?



3. Center & Board Tuition Assistance

Funds Received	CFC	Recycle Funding	Fundraising	Grants	Total
Total amount of tuition assistance funds received from the following sources between 01/01/2015 and 01/01/2016	(b) (4)				

Funds Distributed	CFC	Recycle Funding	Fundraising	Grants	Total
Total amount of tuition assistance funds distributed from the following sources between 01/01/2015 and 01/01/2016	(b) (4)				

### **SECTION D-1: GENERAL STAFF INFORMATION**

• DIRECTOR

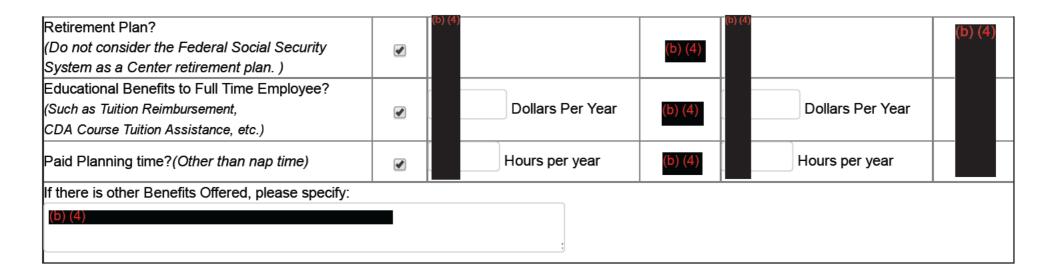
Director's Experience in Administration:

Director's Experience in Early Childhood Education:

- STAFF TURNOVER, SALARIES & EDUCATION
  - 1. How many total staff members have left the Center between 01/01/2015 and 01/01/2016? [ (this includes all staff: part time, full time, teachers, assistants and admin)
  - 2. How many teaching staff (only) have left the Center between 01/01/2015 and 01/01/2016?

### **SECTION D-2: STAFF BENEFITS**

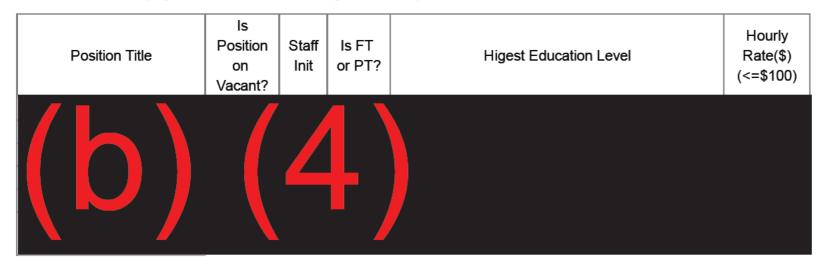
Does your center offer	Is	FT Benefit Details/	Full Time	PT Benefit Details/	Part Time
the following type of benefit?	Offered	Employer Contributions	Employees	Employer Contributions	Employees
Health Coverage?	•	% of Premium	(b)	% of Premium	(b) (4)
Paid Vacation Leave?	•	Days Per Year	(b)	Days Per Year	
Paid Sick Leave?	•	Days Per Year	(b)	Days Per Year	

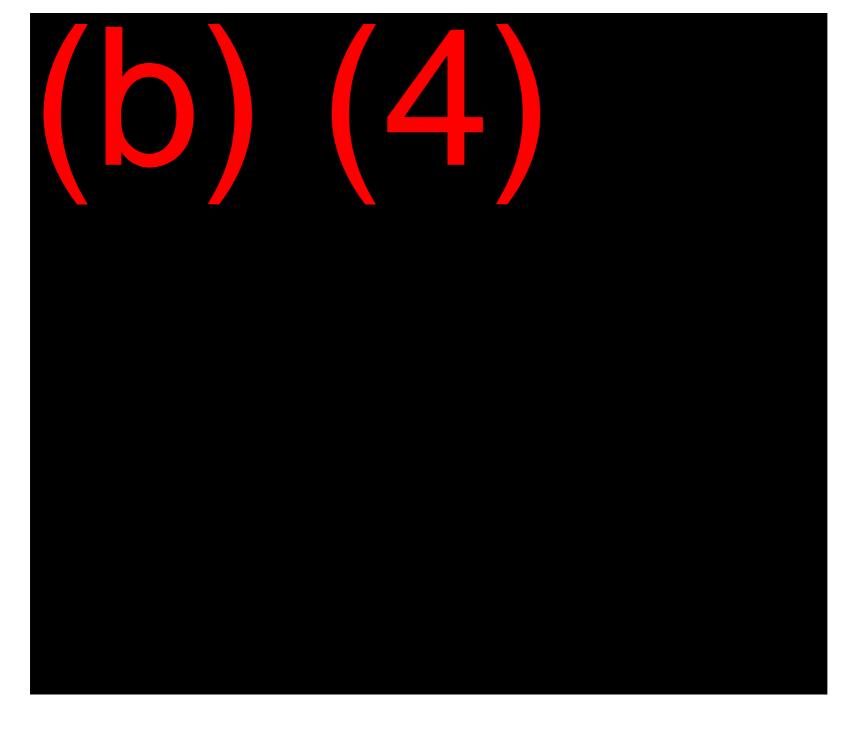


#### **SECTION D-3: STAFF LIST**

In the table below, please list all staff as of 01/01/2016. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these postion titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.





SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

•	<u>ACCREDITATION</u>
	1. Is the Center accredited?   Yes  NO
	2. What is the Center's Accreditation Expiration Date? 09/01/2018 (mm/dd/yyyy)
	3. What is your NAEYC center ID number? 120195
•	<u>INSURANCE</u>
	4. What is the aggregate total of the comprehensive liability insurance for your center? \$
	5. Do children have accident protection insurance at the Center?    Yes   NO
•	LOCAL LICENSING
	6. Who licenses your center? Specify State/City/County: MD State DHR
	7. On what date does this license expire? 06/30/2016 (mm/dd/yyyy)
	8. Date of last licensing visit? 05/15/2015 (mm/dd/yyyy)
S	ECTION E-2: SPECIAL NEEDS CHILDREN
1.	How many children with special needs are enrolled in your center as of 01/01/2016?
2.	In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate him/her?
	(b) (4)
	If yes, please explain:
	(b) (4)

3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

(b) (4)

4. If yes for Question 3, Please list Changes.



## **SECTION E-3: SERVICES & CENTER MEALS**

	•							
Back Up/Emergency		Summer Program for school-agers						
	<b>₽</b>							
Before/After School		ent)-approved Kindergarten						
_	_	only approved randorganien						
Moderately Sick Child Care	Other Programs							
If other special programs are	offered by your center, ple	ase specify.						
. Check what meal, snacks and	services are INCLUDED in	tuition:						
Breakfast	Morning Snack	Lunch						
Afternoon Snack	Diapers	Other Services						
If a the area wises a supervised of								
If other services are provided	please specify.							
. Are meals catered? O Yes								
. If meals are NOT catered, do	you prepare meals on-site	? Yes NO						
. Do parents provide lunch? 🌘	Yes ONO							
. Does the Center participate in	the U.S. Department of Ag	riculture's Child and Adult Care Food F						
○ Yes   NO								

7. If yes to Question 6, what is the annual reimbursement amount? \$ 0 **SECTION E-4: EMERGENCY PLANNING** 1. Between 01/01/2015 and 01/01/2016, how many did you have of the following: • Fire drills? Evacuation drills to your remote evacuation site? Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)? Actual evacuations? 12/08/2015 2.Date your Occupancy Emergency Plan (OEP) was last updated? (mm/dd/yyyy) **SECTION E-5: GSA Training Opportunities** 1. What training topics would the board of directors, the provider, and the staff be most interested in attending? (Please limit your answer to 1000 charaters!) << Previous Next >> Sign Out (Logout.aspx)

#### 2017 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11 Center #: 15

## **SECTION A: CENTER ORGANIZATION**

1. Center Name:	GREENWOOD PRESCH	IOOL			
2. Mailing Addres	s				
Street: 6525 E	Belcrest Road, G-90				
3. City: Hyattsvil	le				
4. State: MD	Zip: 20782				
5. Telephone: 30	01-458-4860	Fax: 301-458-4863	3		
6. E-mail address	greenwoodschoolmd@	verizon.net			
7. Center website	: www.greenwoodschoo	lmd.org			
8. Center Manage	ement/Corporate Name:	Greenwood School, Inc			
9. The Provider is	s (pick one): 3. Indepen	dent for-profit orga ▼			
10. What date did	the Current Provider be	gin operations <u>at this chi</u>	ld care center?	/1/1987	(mm/dd/yyyy)
11. Center Directo	r's Name: (b) (6)				
12. Current Center	Director's starting date a	as the Director at this chi	ld care center: 9/	1/1987	(mm/dd/vvvv)

#### **SECTION B-1: DAILY OPERATIONS**

- 1. Operating Hours, center is open from 7:30 a.m. to 6:00 p.m. Time format: (HH:MM)
- 2. Total open hours a day: 10 Hours and 30 Minutes (System Calculated)
- 3. Ages accepted at this time (do not show ages for programs not operating on **01/01/2017**, e.g., summer program for school-agers) (answer in months):

A. YOUNGEST: 3 months

B. OLDEST: 72 months

4. How many days per year is the center closed in addition to 10 Federal Holidays?

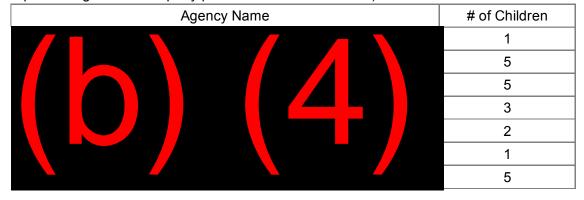
If you have additional days please provide an explanation:

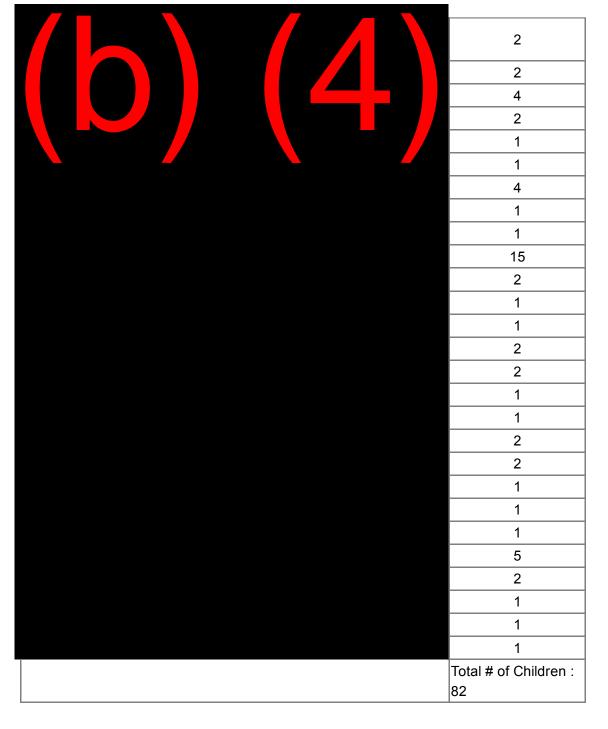
 ${\bf Classroom\ preparation,\ deep\ cleaning\ and\ winter\ break}$ 

### SECTION B-2: ENROLLMENT FIGURES AS OF 01/01/2017

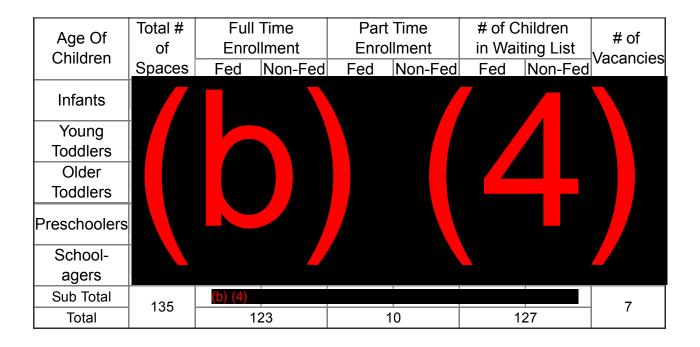
1. GSA/NAEYC capacity: 135

2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).





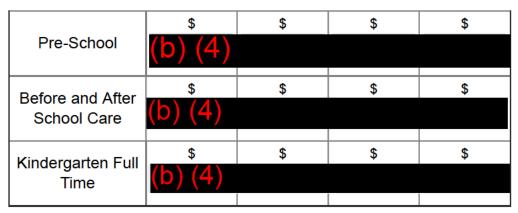
3. Enrollment Figure Table:



### **SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND**

1. What are your Weekly Tuition Rates? ( If it is a monthly rate multiply by 12 months and divide by 52)

Age of Children	1	eral / Rates	Non-Federal Weekly Rates		
	Full Time	Part Time	Full Time	Part Time	
	\$	\$	\$	\$	
Infants	(b) (4)				
	\$	\$	\$	\$	
Young Toddlers	(b) (4)				
				<u> </u>	
	\$	\$	\$	\$	
Older Toddlers	(b) (4)		P	P	



2. The period covered by center's most recent 12-month budget/annual report is

from 01/01/2016 (mm/dd/yyyy) to 12/31/2016 (mm/dd/yyyy):

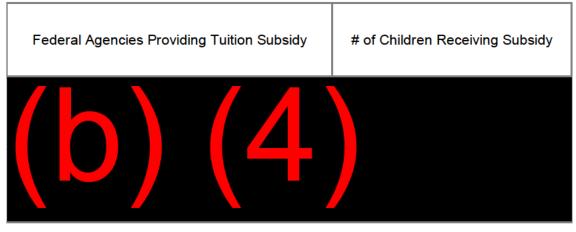
Total Income for period covered above: \$ (b) (4)

Total Expenses for Director/Staff Salaries and Benefits for period covered above: \$ (b) (4)

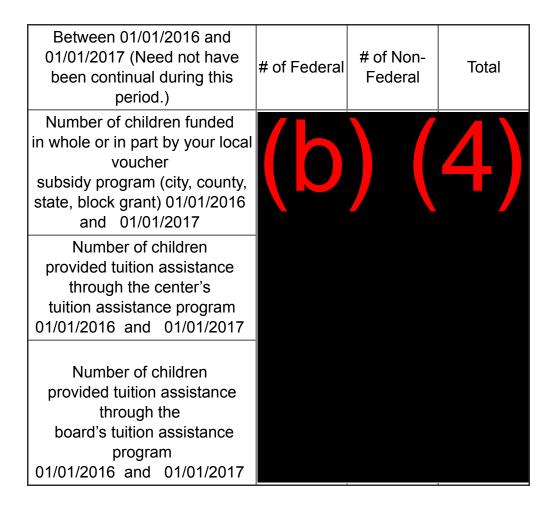
Total Center Expenses including salaries and benefits for period covered above: \$ (5) (4)
 Staff salaries and benefits represents (5) (4) (System Calculated) of your total expenses.

#### **SECTION C-2: TUITION ASSISTANCE**

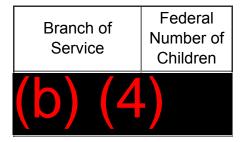
1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is **not** a federal agency)



#### 2. Tuition Assistance



3. How many Military Children received tuition assistance?

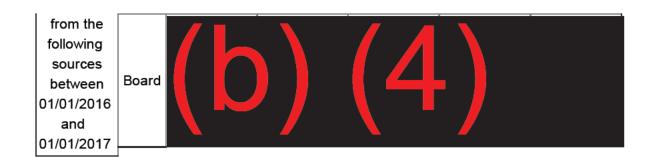




#### 4. Center & Board Tuition Assistance

Funds Received		CFC	Recycle Funding	Fundraising	Grants	Total
Total amount of tuition assistance funds received	Center					
from the following sources between 01/01/2016 and 01/01/2017	Board					

Funds Distributed		CFC	Recycle Funding	Fundraising	Grants	Total
Total amount of tuition assistance funds distributed	Center	<b>(b)</b>	(4			



#### SECTION D-1: GENERAL STAFF INFORMATION

• DIRECTOR

Director's Experience in Administration:

Director's Experience in Early Childhood Education:

years

- STAFF TURNOVER, SALARIES & EDUCATION
  - 1. How many total staff members have left the Center between 01/01/2016 and 01/01/2017? (this includes all staff: part time, full time, teachers, assistants and admin)
  - 2. How many teaching staff (only) have left the Center between 01/01/2016 and 01/01/2017?

### **SECTION D-2: STAFF BENEFITS**

Doos your contar offer		FT Be	enefit		PT	Benefit			
Does your center offer the following type of	Is	Details/		Full Time	D	etails/	Part Time		
benefit ?	Offered	Employer		Employer E		Employees	Em	nployer	Employees
penent?		Contrib	outions		Cont	ributions			
Health Coverage?	•	(b)	% of	(b)	(b) (4)	% of	(b) (4)		
	Premium				Premium				

Baid Maratian Laura		(b)	Days	(1-)	(b) (4)	Days	(b) (4)
Paid Vacation Leave?	•	Per Year		(b)	Per Year		
Paid Sick Leave?	•	(b)	Days	(b)	(b) (4)	Days	
		Per Year		(4)	Per Year		
Retirement Plan?							
(Do not consider the							
Federal Social Security	•			(b)			
System as a Center							
retirement plan. )							
Educational Benefits to Full							
Time Employee?							
(Such as Tuition		(b)			(b) (4)		
Reimbursement,	•	D - II - II - D -			D - II D		
CDA Course Tuition		Dollars Pe	r Year		Dollars Pe	r Year	
Assistance, etc.)							
Paid Planning time?(Other		(b)	Hours		(b) (4)	Hours	
than nap time)	•			(b)			
, ,		per year			per year		
If there is other Benefits Off	ered, ple	ease specify	<i>/</i> :				
(b) (4)							

#### **SECTION D-3: STAFF LIST**

In the table below, please list all staff as of 01/01/2017. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these postion titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.

Position Title	Is Position on Vacant?	Staff Init	Is FT or PT?	Higest Education Level	Hourly Rate(\$) (<=\$100)



# SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

•	ACCREDITATION  1. Is the Center accredited?   Yes  NO
	2. What is the Center's Accreditation Expiration Date? 09/01/2018 (mm/dd/yyyy)
	3. What is your NAEYC center ID number? 120195
	4. Eligible for accredition?   Yes  NO
	5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs?   NO  NA
	6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,  Programe Name EXCEL Level 2 Highest Possible Level 5
,	INSURANCE
7. \	What is the aggregate total of the comprehensive liability insurance for your center? \$ (b) (4)
	Do children have accident protection insurance at the Center?   Yes  NO
,	LOCAL LICENSING
۶. ۱	Who licenses your center? Specify State/City/County: MD ST DHR

10. On what date does this license expire? 05/09/2017 (mm/dd/yyyy)

11. Date of last licensing visit? 05/05/2016 (mm/dd/yyyy)

#### **SECTION E-2: SPECIAL NEEDS CHILDREN**

- 1. How many children with special needs are enrolled in your center as of 01/01/2017? (b) (4)
- 2. In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate <a href="https://him/her?">him/her?</a>

(b) (4)

If yes, please explain:



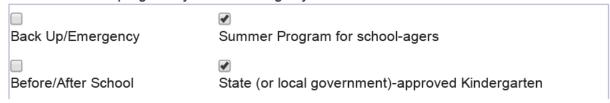
- 3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

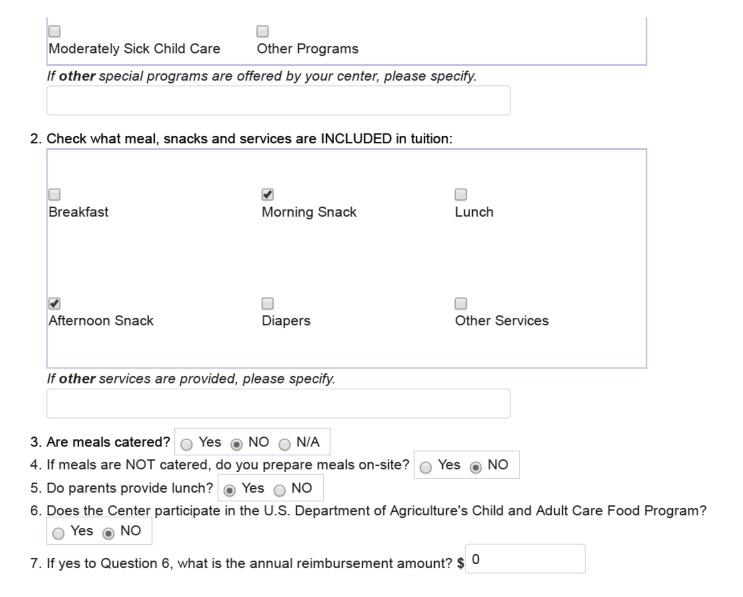
  (b) (4)
- 4. If yes for Question 3, Please list Changes.



#### **SECTION E-3: SERVICES & CENTER MEALS**

1. Check below the programs you are offering in your center.





### **SECTION E-4: EMERGENCY PLANNING**

- 1. Between 01/01/2016 and 01/01/2017, how many did you have of the following:
- Fire drills?
- Evacuation drills to your remote evacuation site?



#### 2018 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11 Center #: 15

## **SECTION A: CENTER ORGANIZATION**

1. Center Name:	GREENWOOD PRESCHOOL
2. Mailing Addres	s
Street: 6525 E	Belcrest Road, G-90
3. City: Hyattsvill	le e
4. State: MD	Zip: 20782
5. Telephone: 30	14584860 Fax: (301) 458-4863
6. E-mail address	greenwoodschoolmd@verizon.net
7. Center website	: www.greenwoodschoolmd.org
8. Center Manage	ement/Corporate Name: Greenwoood School, Inc.
9. The Provider is	s (pick one): 3. Independent for-profit organization (local or regional company) ▼
10. What date did t	the Current Provider begin operations at this child care center? 9/1/1987 (mm/dd/yyyy)
11. Center Director	r's Name: (b) (6)
12. Current Center	Director's starting date as the Director <u>at this child care center</u> : 9/1/1987 (mm/dd/yyyy)

#### **SECTION B-1: DAILY OPERATIONS**

- 1. Operating Hours, center is open from 07:30 a.m. to 06:00 p.m. Time format: (HH:MM)
- 2. Total open hours a day: 10 Hours and 30 Minutes (System Calculated)
- 3. Ages accepted at this time (do not show ages for programs not operating on 12/31/2017, e.g., summer program for school-agers) (answer in months):
  - A. YOUNGEST: 3 months
  - B. OLDEST: 72 months
- 4. How many days per year is the center closed in addition to 10 Federal Holidays?

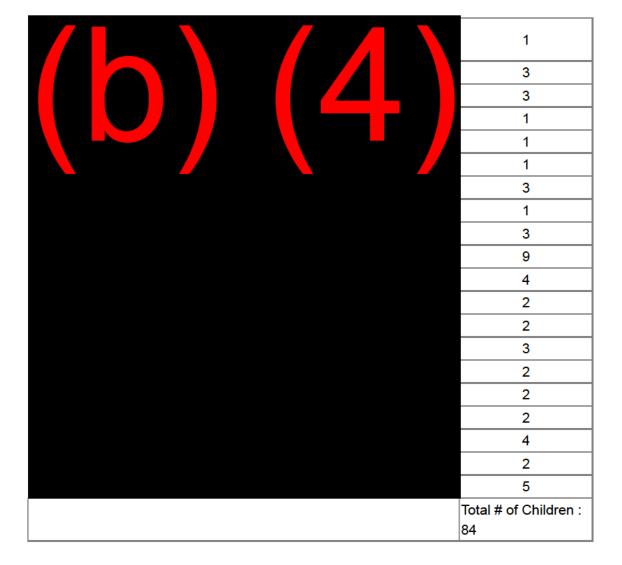
If you have additional days please provide an explanation:

Classroom preparation, deep cleaning, Winter Break

### SECTION B-2: ENROLLMENT FIGURES AS OF 12/31/2017

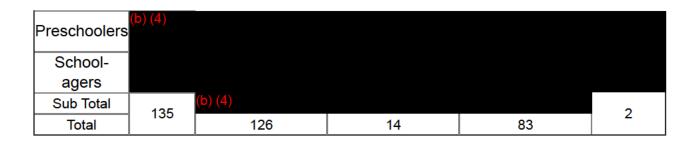
- 1. GSA/NAEYC capacity: 135
- 2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).





#### 3. Enrollment Figure Table:

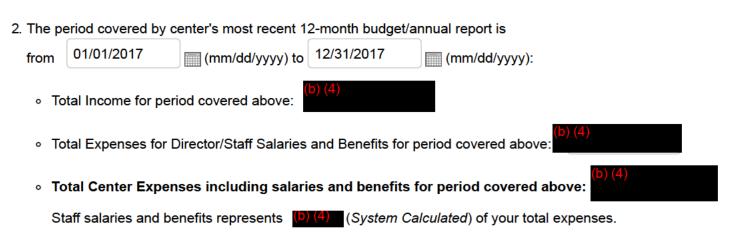
Age Of	Total #	Total # Full Time		Part	Time	# of Cl	# of	
Children	of	Enrol	Iment	Enrol	lment	in Wait	# 01 Vacancies	
Children	Spaces	Fed	Non-Fed	Fed	Non-Fed	Fed	Non-Fed	vacancies
Infants	(b) (4)							
Young								
Toddlers								
Older								
Toddlers								



## **SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND**

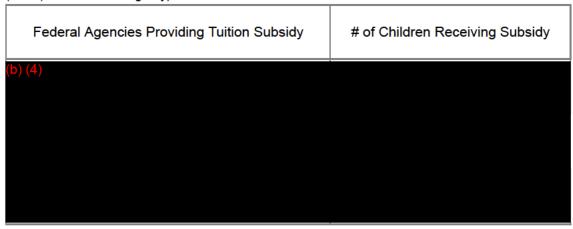
1. What are your Weekly Tuition Rates? ( If it is a monthly rate multiply by 12 months and divide by 52)

Age of Children		leral / Rates	Non-Federal Weekly Rates			
	Full Time	Part Time	Full Time	Part Time		
Infants	(b) (4)					
Young Toddlers						
Older Toddlers						
Pre-School						
Before and After School Care						
Kindergarten Full Time						



### SECTION C-2: ADDITIONAL FUNDING SUPPORT

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is not a federal agency)

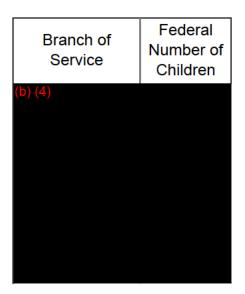


#### 2. Tuition Assistance

Between 01/01/2017 and 12/31/2017 (Need not have been continual during this period.) # of Federa	# of Non-	Total	Total
	Federal	Children	Amount

Number of			
children funded	(b) (4)		
in whole or in part			
by your local			
voucher			
subsidy program			
(city, county, state,			
block grant)			
01/01/2017 and			
12/31/2017			
Number of			
children			
provided tuition			
assistance			
through the			
center's			
tuition assistance			
program			
01/01/2017 and			
12/31/2017			
Number of			
children			
provided tuition			
assistance			
through the			
board's tuition			
assistance			
program 01/01/2017 and			
12/31/2017 and			
12/3//2017			

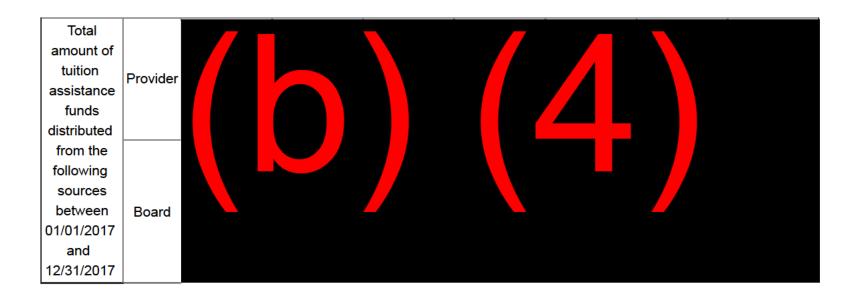
3. How many Military Children received tuition assistance?



#### 4. Additional Funding Support and Tuition Assistance- Provider and Board

Funds Received		CFC	Recycling Funds	Fundraising	Grants	Partnership	Other	Total
Total amount of support funds received from the	Provider							
following sources between 01/01/2017 and 12/31/2017	Board							

Funds Distributed CFC Recycling Fundraising Grants Partnership Other Total	I
--	---



#### SECTION D-1: GENERAL STAFF INFORMATION

• DIRECTOR

Director's Experience in Administration:

Director's Experience in Early Childhood Education:



- STAFF TURNOVER, SALARIES & EDUCATION
  - 1. How many total staff members have left the Center between 01/01/2017 and 12/31/2017 ? (this includes all staff: part time, full time, teachers, assistants and admin)
  - 2. How many teaching staff (only) have left the Center between 01/01/2017 and 12/31/2017?

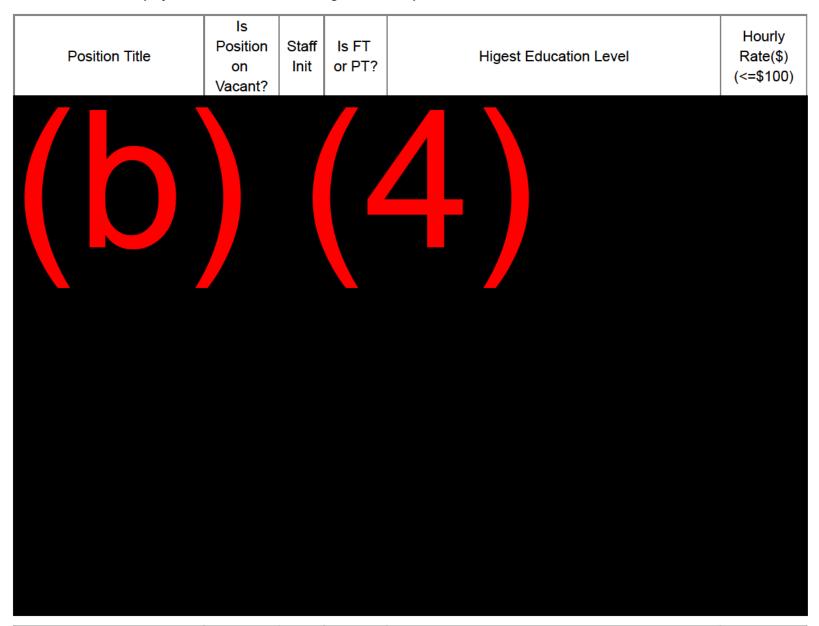
### **SECTION D-2: STAFF BENEFITS**

Does your center offer the following type of benefit ?	Is Offered			Details/ Employer l		II Time ployees	PT Benefit Details/ Employer Contributions		Details/ Employer		1	rt Time ployees
Health Coverage?	•	Premium	% of	(b) (4)	(b) (4) % Premium	of		(b) (4)				
Paid Vacation Leave?	•	Per Year	Days		Per Year	Days						
Paid Sick Leave?	•	Per Year	Days		Per Year	Days						
Retirement Plan? (Do not consider the Federal Social Security System as a Center retirement plan.)	•											
Educational Benefits to Full Time Employee? (Such as Tuition Reimbursement, CDA Course Tuition Assistance, etc.)	•	Dollars Pe	er Year		Dollars Po	er Year						
Paid Planning time?(Other than nap time)	•	per year	Hours		per year	Hours						
If there is other Benefits Of (b) (4)		-	ify:									

## **SECTION D-3: STAFF LIST**

In the table below, please list all staff as of 12/31/2017. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- · Please use hourly rates and include typical weekly hours worked.
- If none of these postion titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.



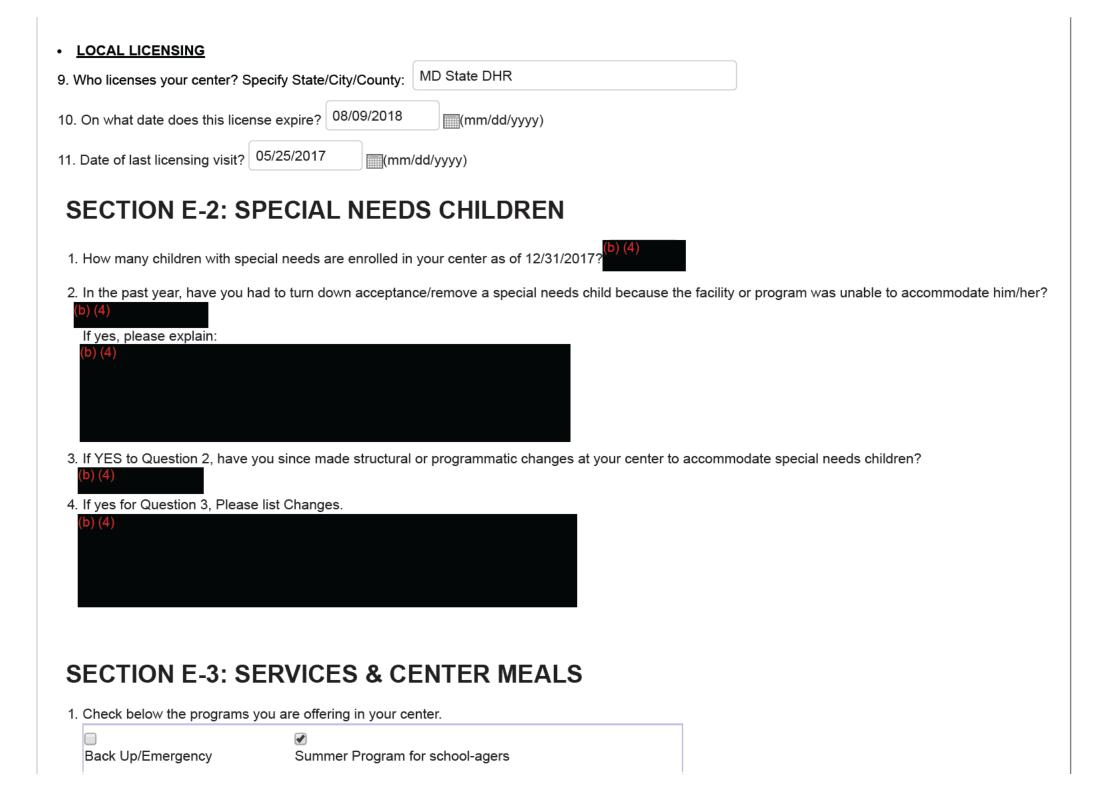


## **SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING**

8. Do children have accident protection insurance at the Center? 

NO

•	ACCREDITATION  1. Is the Center accredited?   Yes  NO						
	2. What is the Center's Accreditation Expiration Date? 09/01/2018 (mm/dd/yyyy)						
	3. What is your NAEY	3. What is your NAEYC center ID number? 120195					
	4. Eligible for accredition?   Yes  NO						
	5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs?    Yes   NO   NA						
	6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,						
	Programe Name EX	XCELS Le	vel 2	Highest Possible Level	4		
•	INSURANCE						
7.	7. What is the aggregate total of the comprehensive liability insurance for your center? (b) (4)						



	Before/After School	✓ State (or local government)-approved Kindergarten						
	Moderately Sick Child Care	Other Programs						
	other special programs are offered by your center, please specify.							
2.	Check what meal, snacks and se	rvices are INCLUDED in tuition:						
		<b>ℯ</b>						
	Breakfast	Morning Snack	Lunch					
	Afternoon Snack	Diapers	Other Services					
	If other services are provided, ple	ease specify.						
		. ,						
3.	Are meals catered?  Yes  Are meals catered?	IO N/A						
4.	If meals are NOT catered, do you	prepare meals on-site?  Yes	s   NO					
5.	Do parents provide lunch?    Ye	s O NO						
6.	Does the Center participate in the   ○ Yes   ○ NO	e U.S. Department of Agriculture	e's Child and Adult Care Food Program?					
7	If yes to Question 6, what is the a	innual reimhursement amount?	<b>\$</b> 0					

# **SECTION E-4: EMERGENCY PLANNING**

- 1. Between 01/01/2017 and 12/31/2017, how many did you have of the following:
- Fire drills?

• Evacuation drills to your remote evacuation site?

• Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)?



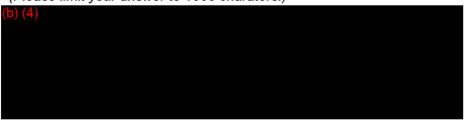
· Actual evacuations?

2.Date your Occupancy Emergency Plan (OEP) was last updated? 11/15/2017

(mm/dd/yyyy)

# **SECTION E-5: GSA Training Opportunities**

1. What training topics would the board of directors, the provider, and the staff be most interested in attending? (Please limit your answer to 1000 charaters!)



Sign Out (Logout.aspx)

# 2018 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11 Center #: 15

## **SECTION A: CENTER ORGANIZATION**

1. Center Name: GREENWOOD SCHOOL INC.

2.	Mailing Address
	Street: 6525 BELCREST ROAD, ROOM G-80/G-90
3.	City: Hyattsville
4.	State: MD Zip: 20782
5.	Telephone: (301) 458-4860 Fax: (301) 458-4863
6.	E-mail address: greenwoodschoolmd@verizon net
7.	Center website: www.greenwoodschoolmd.org
8.	Center Management/Corporate Name: Greenwood School Inc.
9.	The Provider is (pick one): 3. Independent for-profit organization (local or regional company)
10.	. What date did <b>the Current Provider</b> begin operations at this child care center? 9/1/1987
	(mm/dd/yyyy)
11.	. Center Director's Name: (b) (6)
12.	. Current Center Director's starting date as the Director at this child care center:
	9/1/1987 (mm/dd/yyyy)
SECT	TION B-1: DAILY OPERATIONS
1.	Operating Hours, center is open from 7:30 a.m. to 6:00 p.m. Time format: (HH:MM)
2.	Total open hours a day: 10 Hours and 30 Minutes (System Calculated)
3.	Ages accepted at this time (do not show ages for programs not operating on 12/31/2018,
	e.g., summer program for school-agers) (answer in months):
	A. YOUNGEST: 3 months
	B. OLDEST: 72 months
4.	How many days per year is the center closed in addition to 10 Federal Holidays? 12
	If you have additional days please provide an explanation:
	Classroom preperation, deep cleaning, winter break

## SECTION B-2: ENROLLMENT FIGURES AS OF 12/31/2018

- 1. GSA/NAEYC capacity: 135
- 2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).

Agency Name	# of Children
	2
	3
	2
	1
	4
	1
	1
	2
	1
	1
	1
	6
	4
	1
	7
	2
	3
	1
	2
	2
	1
	1
	2
	1
	1
	1
	2
	Total # of Children : 56

3. Enrollment Figure Table:

Age Of Children	Total # of	Full Time Enrollment		Part Time Enrollment		# of Children in Waiting List		# of Vacancies
	Spaces	Fed	Non-Fed	Fed	Non-Fed	Fed	Non- Fed	
Infants	(b) (4)							
Young								
Toddlers	-							
Older Toddlers								
Preschoolers								
School-agers								
Sub Total	135	(b) (4)						13
Total	133		105		34		87	13

### SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND

1. What are your **Weekly** Tuition Rates? (If it is a monthly rate multiply by 12 months and divide by 52)

% Age of Children		eral y Rates	Non-Federal Weekly Rates		
	Full Time	Part Time	Full Time	Part Time	
Infants	(b) (4)				
Young Toddlers					
Older Toddlers					
Pre-School					
Before and After School Care					
Kindergarten Full Time					

- 2. The period covered by center's most recent 12-month budget/annual report is from 01/01/2018 (mm/dd/yyyy) to 12/31/2018 (mm/dd/yyyy):
  - o Total Income for period covered above: (b) (4)
  - Total Expenses for Director/Staff Salaries and Benefits for period covered above: (b) (4)
  - Total Center Expenses including salaries and benefits for period covered above: (b) (4)

Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

### **SECTION C-2: TUITION ASSISTANCE**

 Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is not a federal agency)

Federal Agencies Providing Tuition Subsidy# of Children Receiving Subsidy

(b) (4)

#### 2. Tuition Assistance

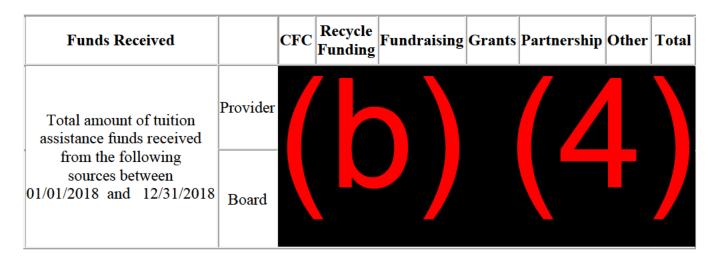
Between 01/01/2018 and 12/31/2018 (Need not have been continual during this period.)	# of Federal	# of Non- Federal	Total Children	Total Amount
Number of children funded in whole or in part by your local voucher subsidy program (city, county, state, block grant) 01/01/2018 and 12/31/2018	(b) (4)			
Number of children provided tuition assistance through the center's or board's tuition assistance program 01/01/2018 and 12/31/2018				
Number of children provided tuition assistance through the center or board's tuition assistance program 01/01/2018 and 12/31/2018				

3.

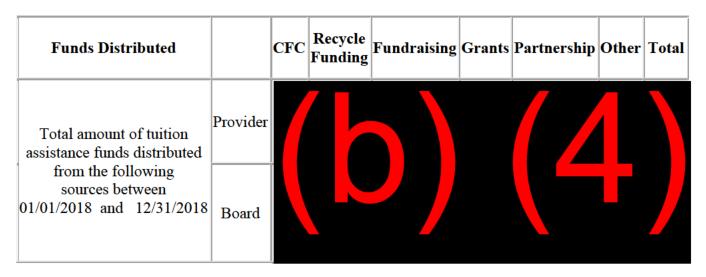
4. How many Military Children received tuition assistance?

Branch of Service	Federal Number of Children
(b) (4)	

5. Additional Funding Support and Tuition Assistance- Provider and Board



6.



#### SECTION D-1: GENERAL STAFF INFORMATION

#### DIRECTOR

Director's Experience in Administration:

Director's Experience in Early Childhood Education:

years

STAFF TURNOVER, SALARIES & EDUCATION

- 1. How many total staff members have left the Center between 01/01/2018 and 12/31/2018? this includes all staff: part time, full time, teachers, assistants and admin)
- 2. How many **teaching staff (only)** have left the Center between 01/01/2018 and 12/31/2018?

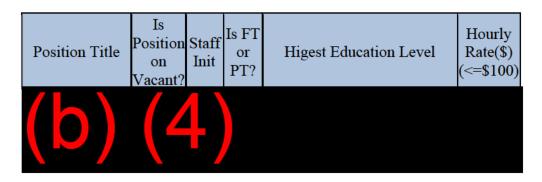
#### **SECTION D-2: STAFF BENEFITS**

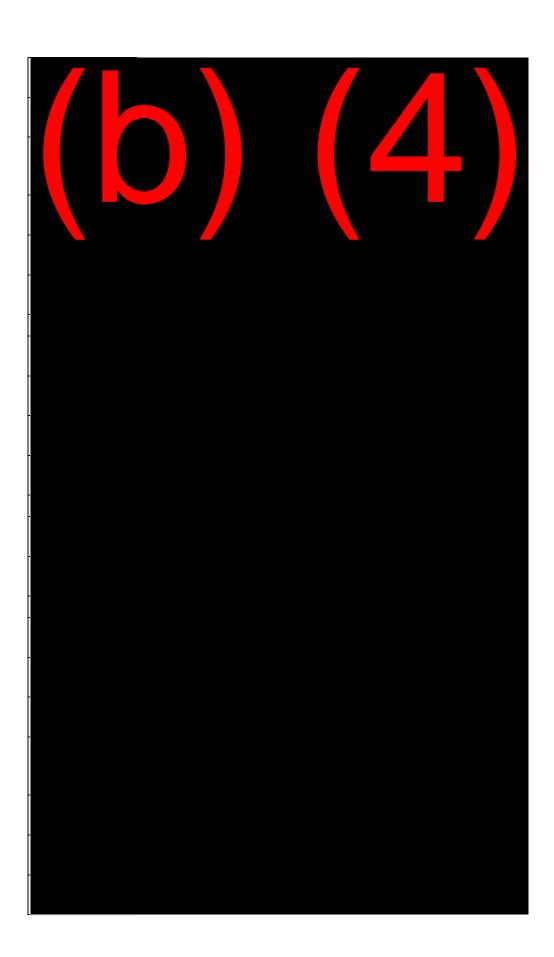
Does your center offer the following type of benefit ?	Is Offered	FT Benefit Details/ Employer Contributions	Full Time Employees	PT Benefit Details/ Employer Contributions	Part Time Employees
Health Coverage?	[X]				
Paid Vacation Leave?	[X]				
Paid Sick Leave?	[X]				
Retirement Plan?					
(Do not consider the Federal					
Social Security	[X]				
System as a Center retirement					
plan.)					
Educational Benefits to Full					
Time Employee?					
(Such as Tuition Reimbursement,	[X]				
CDA Course Tuition Assistance,					
etc.)					
Paid Planning time?(Other	[X]				
than nap time)		·c (b) (4)	\		
If there is other Benefits Offere	d, please	specify: (D) (4)	)		

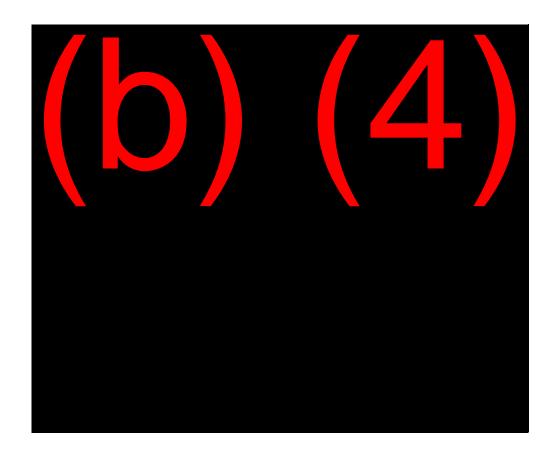
#### SECTION D-3: STAFF LIST

In the table below, please list all staff as of 12/31/2018. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these postion titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.







## SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

•	ACCREDITATION
	1. Is the Center accredited? YES
	2. What is the Center's Accreditation Expiration Date? 10/01/2023 (mm/dd/yyyy)
•	3. What is your NAEYC center ID number? 120195
•	4. Eligible for accredition? Yes
	5. Does your child care center participate in the state licensing quality program i.e., ORIS/Stars or other programs? Ves

6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,

Programe Name EXCELS Level 1 Highest Possible Level 5

• <u>INSURANCE</u>
7. What is the aggregate total of the comprehensive liability insurance for your center? (b) (4)
8. Do children have accident protection insurance at the Center? Yes
• <u>LOCAL LICENSING</u>
9. Who licenses your center? Specify State/City/County: Maryland DHR
10. On what date does this license expire? 07/01/2020 (mm/dd/yyyy)
11. Date of last licensing visit? 07/01/2018 (mm/dd/yyyy)
SECTION E-2: SPECIAL NEEDS CHILDREN
1. How many children with special needs are enrolled in your center as of 12/31/2018?
2. In the past year, have you had to turn down acceptance/remove a special needs child

3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

because the facility or program was unable to accommodate him/her?

4. If yes for Question 3, Please list Changes.
(b) (4)

If yes, please explain:

### **SECTION E-3: SERVICES & CENTER MEALS**

1. Check below the programs you are offering in your center.

[]	Back Up/Emergency	[X]	Summer Program for school-agers	
[] Before/After School		[X]	State (or local government)-approved Kindergarte	
		[]	Other Programs	

- 2. If other special programs are offered by your center, please specify.
- 3. Check what meal, snacks and services are INCLUDED in tuition:

[X]	Breakfast	[]	Morning Snack	[]	Lunch	
-----	-----------	----	---------------	----	-------	--

	[X]	Afternoon Snack	[]	Diapers	[]	Other Services		
4.	If other	r services are prov	ided, pl	ease specify.				
5.	Are me	eals catered? No						
6.	If meal	s are NOT catered	, do you	ı prepare meals	on-site	? No		
7.	Do par	ents provide lunch	? Yes					
8.	Food Program?							
9.	9. If yes to Question 6, what is the annual reimbursement amount? \$ 0							
SECT	ΓΙΟΝ Ε	E-4: EMERGEN	ICY P	LANNING				
1. Bety	ween 01	/01/2018 and 12/3	31/2018	, how many did	d you ha	ave of the following:		
•	Fire dri	ills? (b) (4)			(b)			
•	Evacua	tion drills to your	remote	evacuation site	? (4)	4.5		
•		Emergency drills (t evacuations? (b)	ornado,	earthquake, sh	elter-in	-place, active shooter)?		
2.Date	your O	ccupancy Emergen	cy Plan	(OEP) was las	t update	ed? 12/03/2018 (mm/dd/yyyy)		
SECT	TION E	E-5: GSA Traini	ing Op	portunities				
1.	interest	raining topics would ted in attending? It limit your answer			rs, the p	rovider, and the staff be most		

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ECTION	OMB# 3090-0163 Region: 11 Center #: 15	
Center Name:	Georgetown Hill Early School @ Greenwood Campus	
Mailing Addres	SS S	
Street: 6525 E	BELCREST ROAD, ROOM G-80	
City: HYATTS	SVILLE	
State: MD	Zip: 20782	
Telephone: (3	Fax: (301) 458-4863	
E-mail address	greenwood@georgetownhill.com	
Center website	e: www.greenwoodschoolmd.org	
. Center Manage	ement/Corporate Name: Georgetown Hill Early School	
. The Provider is	s (pick one):  4. Independent not-for-profit organization (local or regional organization)	
. What date did t	the Current Provider begin operations at this child care center? 6/1/2019 (mm/dd/yyyy)	
	or's Name: (b) (6)	

12. Current Center Director's starting date as the Director at this child care center:

9/1/2019 (mm/dd/yyyy)

## **SECTION B-1: DAILY OPERATIONS**

- 1. Operating Hours, center is open from 7:30 a.m. to 6:00 p.m. Time format: (HH:MM)
- 2. Total open hours a day: 10 Hours and 30 Minutes (System Calculated)
- 3. Ages accepted at this time (do not show ages for programs not operating on 12/31/2019, e.g., summer program for school-agers) (answer in months):

A. YOUNGEST:	3	months
B. OLDEST:	72	months

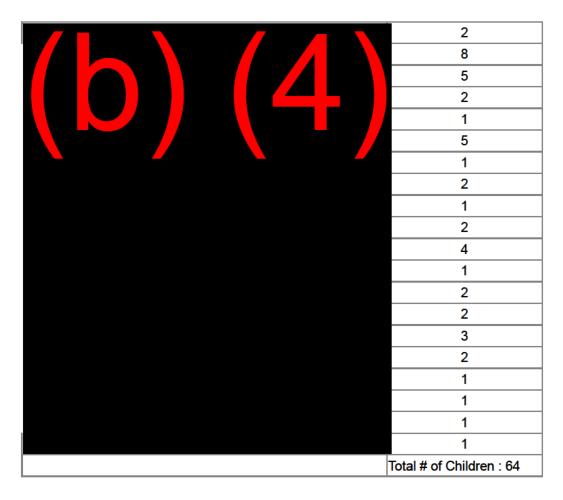
4. How many days per year is the center closed in addition to 10 Federal Holidays?

If you have additional days please provide an explanation:

Classroom preparation, Deep Cleaning, and Winter Break.

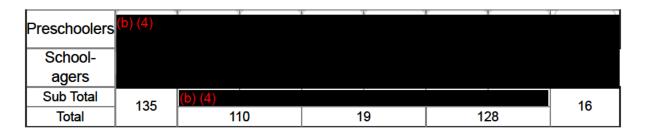
## SECTION B-2: ENROLLMENT FIGURES AS OF 12/31/2019

- 1. GSA/NAEYC capacity: 135
- 2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).



## 3. Enrollment Figure Table:

Intellificity Figure Table.								
Age Of	Total #	# Full Time		Part Time		# of C	# of	
Children	of	Enro	Ilment	Enrollment		in Waiting List		# 01 Vacancies
Crilidien	Spaces	Fed	Non-Fed	Fed	Non-Fed	Fed	Non-Fed	vacancies
Infants	(b) (4)							
Young								
Toddlers								
Older								
Toddlers								



## **SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND**

1. What are your Weekly Tuition Rates? (If it is a monthly rate multiply by 12 months and divide by 52)

Age of Children		eral / Rates	Non-Federal Weekly Rates		
	Full Time	Part Time	Full Time	Part Time	
Infants	(b) (4)				
Young Toddlers					
Older Toddlers					
Pre-School					
Before and After School Care					



2. The period covered by center's most recent 12-month budget/annual report is

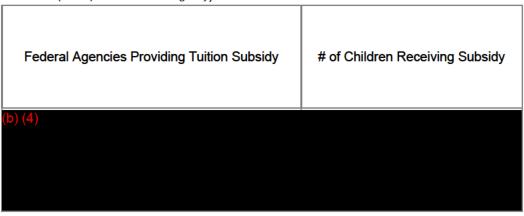
from 01/01/2019 (mm/dd/yyyy) to 12/31/2019 (mm/dd/yyyy):

- Total Income for period covered above:
- Total Expenses for Director/Staff Salaries and Benefits for period covered above:
- Total Center Expenses including salaries and benefits for period covered above:

   Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

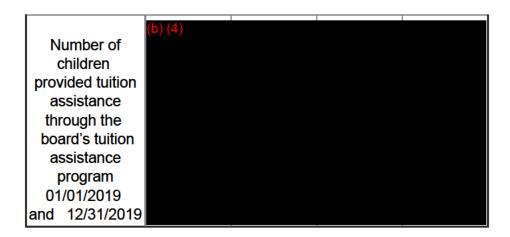
## SECTION C-2: ADDITIONAL FUNDING SUPPORT

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is **not** a federal agency)

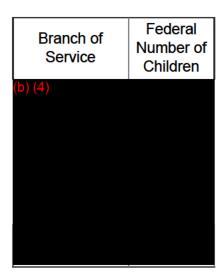


2. Tuition Assistance

Between 01/01/2019 and 12/31/2019 (Need not have been continual during this period.)	# of Federal	# of Non- Federal	Total Children	Total Amount
Number of children funded in whole or in part by your local voucher subsidy program (city, county, state, block grant) 01/01/2019 and 12/31/2019  Number of children provided tuition assistance through the center's tuition assistance program 01/01/2019 and 12/31/2019				



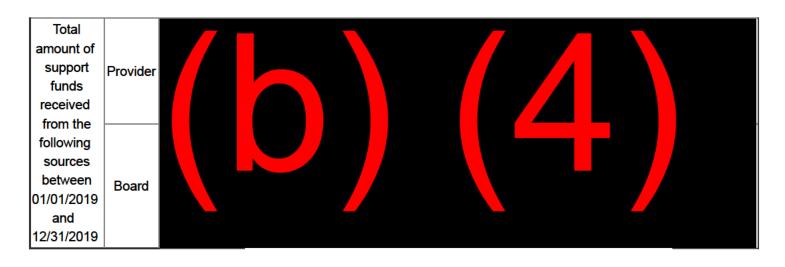
3. How many Military Children received tuition assistance?

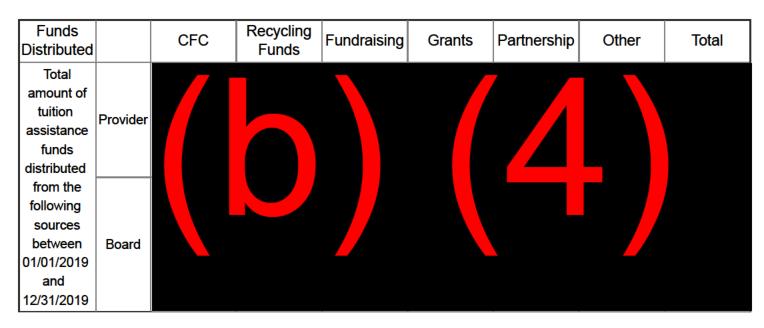


4. Additional Funding Support and Tuition Assistance- Provider and Board

Funds Received CFC	Recycling Fundraising	Grants	Partnership	Other	Total
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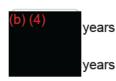


## **SECTION D-1: GENERAL STAFF INFORMATION**

#### DIRECTOR

Director's Experience in Administration:

Director's Experience in Early Childhood Education:



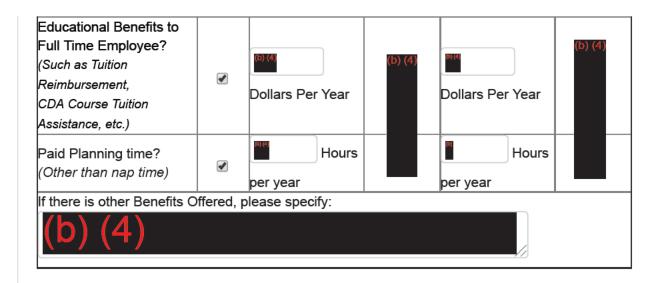
#### STAFF TURNOVER, SALARIES & EDUCATION

- 1. How many total staff members have left the Center between 01/01/2019 and 12/31/2019? (this includes all staff: part time, full time, teachers, assistants and admin)
- 2. How many teaching staff (only) have left the Center between 01/01/2019 and 12/31/2019?



## **SECTION D-2: STAFF BENEFITS**

Does your center offer the following type of benefit ?	ls Offered	FT Be Deta Empl Contrib	ails/ oyer	Full Time Employees	PT Be Deta Empl Contrib	ails/ oyer	art Time nployees
Health Coverage?	•	Premium	% of	(b) (4)	% Premium	of	(b) (4)
Paid Vacation Leave?	•	Per Year	Days		Per Year	Days	
Paid Sick Leave?	•	Per Year	Days		Per Year	Days	
Retirement Plan? (Do not consider the Federal Social Security System as a Center retirement plan.)	•						

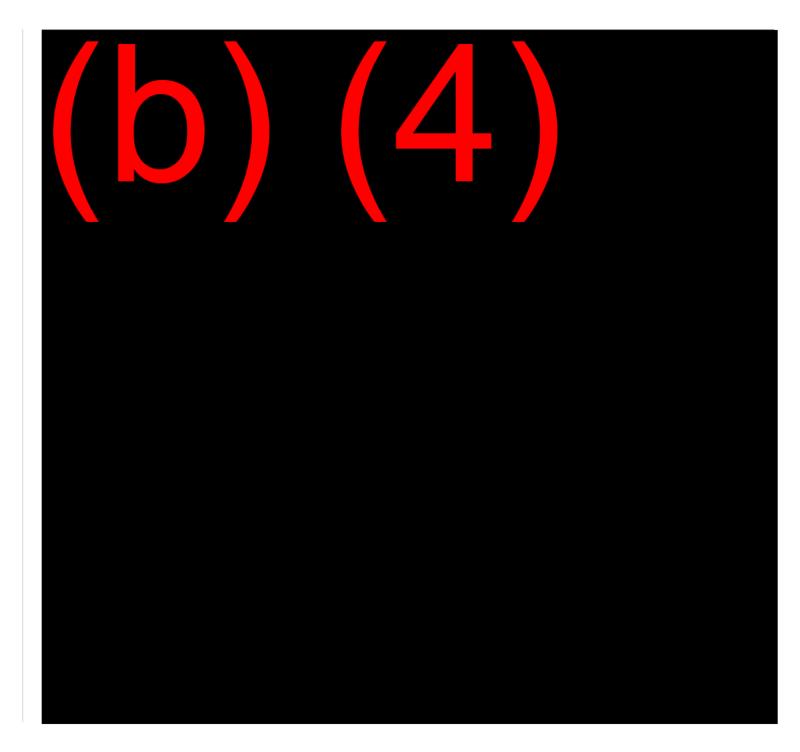


## **SECTION D-3: STAFF LIST**

In the table below, please list all staff as of 12/31/2019. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these postion titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.





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(b) (4)

# SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

ACCREDITATION  1. Is the Center accredited?      Yes      NO
2. What is the Center's Accreditation Expiration Date? 10/01/2023 (mm/dd/yyyy)
3. What is your NAEYC center ID number? 120195
4. Eligible for accredition?   Yes   NO
5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs?    Yes  NO  NA
6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,
Programe Name Excels Level 1 Highest Possible Level 5
• INSURANCE  7. What is the aggregate total of the comprehensive liability insurance for your center?  8. Do children have accident protection insurance at the Center?   • Yes  • NO
• LOCAL LICENSING
9. Who licenses your center? Specify State/City/County: Maryland DHR
10. On what date does this license expire? 07/01/2020 (mm/dd/yyyy)
11. Date of last licensing visit? 12/19/2019 (mm/dd/yyyy)
SECTION E-2: SPECIAL NEEDS CHILDREN

1. How many children with special needs are enrolled in your center as of 12/31/2019?

2. In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate him/her?



- 3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

  (b) (4)
- 4. If yes for Question 3, Please list Changes.



## **SECTION E-3: SERVICES & CENTER MEALS**

1. Check below the programs you are offering in your center.



3/6/2020

	If other special programs are offered by your center, please specify.				
2.	Check what meal, snacks and se	rvices are INCLUDED in tuition	:		
		•			
	Breakfast	Morning Snack	Lunch		
	Afternoon Snack	Diapers	Other Services		
	If other services are provided, ple	ease specify.			
3	Are meals catered?  Yes   Yes	IO \( \cap \ \N/\A \)			
	If meals are NOT catered, do you		s a NO		
	Do parents provide lunch?   Ye				
			e's Child and Adult Care Food Program?		
	○ Yes   NO				
7.	If yes to Question 6, what is the a	nnual reimbursement amount?	<b>\$</b> 0		
S	ECTION E-4: EME	RGENCY PLANN	IING		
1. E	Between 01/ <u>01/2019</u> and 12/31/2	019, how many did you have of	the following:		
•	Fire drills? (b) (4)				
•	Evacuation drills to your remote e	evacuation site? (b) (4)			
•	Other Emergency drills (tornado,	earthquake, shelter-in-place, a	ctive shooter)?		

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• Actual evacuations?

2.Date your Occupancy Emergency Plan (OEP) was last updated?

11/19/2019

(mm/dd/yyyy)

Sign Out (Logout.aspx)

# 2021 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11 Center #: 15

## **SECTION A: CENTER ORGANIZATION**

1. Center Name: GREENWOOD PRESCHOOL

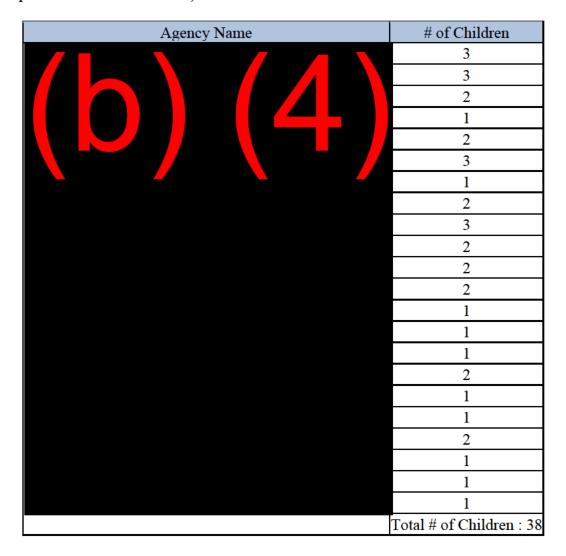
2. Mailing Address

	Street: 6525 BELCREST ROAD, ROOM G-80
3.	City: HYATTSVILLE
4.	State: MD Zip: 20782
5.	Telephone: (301) 436-4283 Fax: 301-458-4863
6.	E-mail address: (b) (6) @georgetownhill.com
7.	Center website: www.georgetownhill.com
8.	Center Management/Corporate Name: Georgetown Hill early School
9.	The Provider is (pick one): 1. Nationally affiliated not-for-profit organization (i.e. YMCA, Easter Seals)
10.	. What date did <b>the Current Provider</b> begin operations at this child care center? 6/1/2019
	(mm/dd/yyyy)
11.	. Center Director's Name: (b) (6)
12.	. Current Center Director's starting date as the Director at this child care center: 12/11/2020
	(mm/dd/yyyy)
SECT	TION B-1: DAILY OPERATIONS
SECI	TON B-1. DAILT OF EXATIONS
1.	Operating Hours, center is open from 8:00 a.m. to 5:00 p.m. Time format: (HH:MM)
2.	Total open hours a day: 9 Hours and 0 Minutes (System Calculated)
3.	Ages accepted at this time (do not show ages for programs not operating on 12/31/2020,
	e.g., summer program for school-agers) (answer in months):  A. YOUNGEST: 2 months
4	
4.	How many days per year is the center closed in addition to 10 Federal Holidays? 10
	If you have additional days please provide an explanation: $N/A$

## SECTION B-2: ENROLLMENT FIGURES AS OF 12/31/2020

1. GSA/NAEYC capacity: 104

2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).



3. Enrollment Figure Table:

	Total			# of	
Age Of	#	Full Time	Part Time	Children	# of
Children	of	Enrollment	Enrollment	in Waiting	Vacancies
	Spaces			List	

		Fed	Non-Fed	Fed	Non-Fed	Fed	Non- Fed	
Infants	(b) (4)							
Young								
Toddlers								
Older Toddlers								
Preschoolers								
School-agers								
Sub Total	104	(b) (4)						20
Total	104		84		0		64	20

### SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND

1. What are your **Weekly** Tuition Rates? (If it is a monthly rate multiply by 12 months and divide by 52)

% Age of Children		eral y Rates	Non-Federal Weekly Rates		
	Full Time	Part Time	Full Time	Part Time	
Infants	(b) (4)				
Young Toddlers					
Older Toddlers					
Pre-School					
Before and After School Care					
Kindergarten Full Time					

- 2. The period covered by center's most recent 12-month budget/annual report is from 01/01/2020 (mm/dd/yyyy) to 12/31/2020 (mm/dd/yyyy):
  - o Total Income for period covered above: (b) (4)
  - Total Expenses for Director/Staff Salaries and Benefits for period covered above: (b) (4)
  - Total Center Expenses including salaries and benefits for period covered above: (b) (4)

    Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

#### SECTION C-2: TUITION ASSISTANCE

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is **not** a federal agency)

Federal Agencies Providing Tuition Subsidy# of Children Receiving Subsidy

### 2. Tuition Assistance

Between 01/01/2020 and 12/31/2020 (Need not have been continual during this period.)	# of Federal	# of Non- Federal	Total Children	Total Amount
Number of children funded in whole or in part by your local voucher subsidy program (city, county, state, block grant) 01/01/2020 and 12/31/2020	(b) (4)			
Number of children provided tuition assistance through the center's or board's tuition assistance program 01/01/2020 and 12/31/2020				
Number of children provided tuition assistance through the center or board's tuition assistance program 01/01/2020 and 12/31/2020				

3.

4. How many Military Children received tuition assistance?

Branch of Service	Federal Number of Children
(b) (4)	

5. Additional Funding Support and Tuition Assistance- Provider and Board

Funds Received	CFC Recycle	Fundraising	Grants	Partnership	Other	Total
----------------	-------------	-------------	--------	-------------	-------	-------

Total amount of tuition assistance funds received	(b) (4) Provider
from the following sources between 01/01/2020 and 12/31/2020	Board

6.

Funds Distributed		CFC	Recycle Funding	Grants	Partnership	Other	Total
Total amount of tuition assistance funds distributed	Provider	(b) (4)					
from the following sources between 01/01/2020 and 12/31/2020	Board						

### SECTION D-1: GENERAL STAFF INFORMATION

### DIRECTOR

Director's Experience in Administration:

Director's Experience in Early Childhood Education:

years

years

## • STAFF TURNOVER, SALARIES & EDUCATION

- 1. How many total staff members have left the Center between 01/01/2020 and 12/31/2020? (this includes all staff: part time, full time, teachers, assistants and admin)
- 2. How many **teaching staff (only)** have left the Center between 01/01/2020 and 12/31/2020?

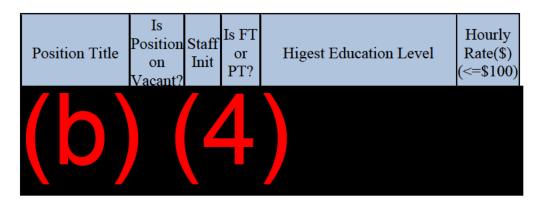
## **SECTION D-2: STAFF BENEFITS**

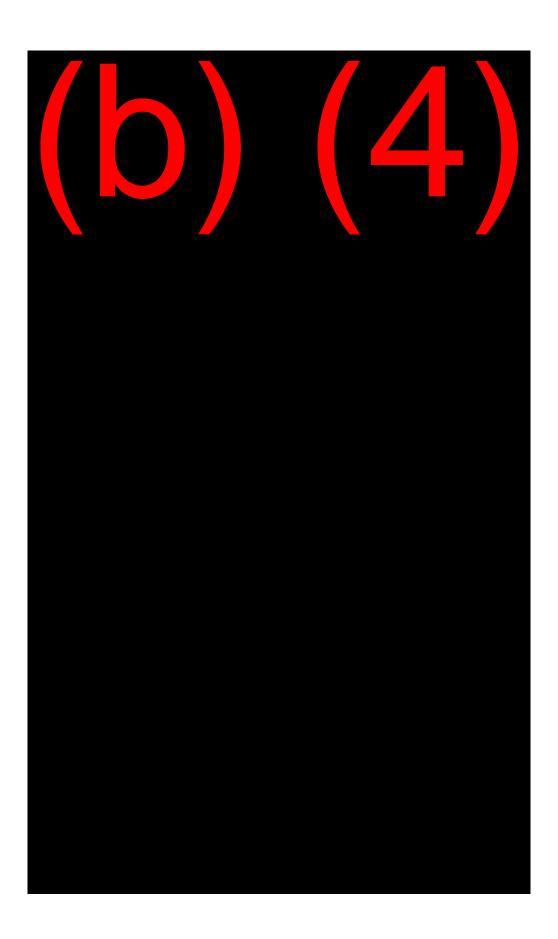
Does your center offer the following type of benefit ?	Is Offered	FT Benefit Details/ Employer Contributions	Full Time Employees	PT Benefit Details/ Employer Contributions	Part Time Employees
Health Coverage?	[X]				
Paid Vacation Leave?	[X]				
Paid Sick Leave?	[X]				
Retirement Plan?					
(Do not consider the Federal					
Social Security	[X]				
System as a Center retirement					
plan.)					
Educational Benefits to Full					
Time Employee?					
(Such as Tuition Reimbursement,	[X]				
CDA Course Tuition Assistance,					
etc.)					
Paid Planning time?(Other	[X]				
than nap time)					
If there is other Benefits Offere	d, please	specify: (b) (4)			

#### **SECTION D-3: STAFF LIST**

In the table below, please list all staff as of 12/31/2020. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these postion titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.







# SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

• ACCREDITATION
1. Is the Center accredited? YES
2. What is the Center's Accreditation Expiration Date? 10/01/0023 (mm/dd/yyyy)
3. What is your NAEYC center ID number? 120195
4. Eligible for accredition? No
5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs? Yes
6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,
Programe Name Maryland EXCELS Level 1 Highest Possible Level 5
• <u>INSURANCE</u>
7. What is the aggregate total of the comprehensive liability insurance for your center? (b) (4)
8. Do children have accident protection insurance at the Center? Yes
• LOCAL LICENSING
9. Who licenses your center? Specify State/City/County: Baltimore, MD
10. On what date does this license expire? 12/31/0021 (mm/dd/yyyy)
11. Date of last licensing visit? 01/27/0021 (mm/dd/yyyy)

# **SECTION E-2: SPECIAL NEEDS CHILDREN**

1.	How many children with special needs are enrolled in your center as of 12/31/2020?											
2.	because the facility or program was unable to accommodate him/her?  (b) (4)											
	If yes, please explain:  (b) (4)											
3.	If YES to Question 2, have you since made structural or programmatic changes at your											
	center to accommodate special needs children?  (b) (4)											
4.	If y	es for Question 3, Plo	ease l	list (	Changes.							
	(b) (4	4)			-							
OE O	DT ()	VE 2 CEDVICE	G 0	<b>CE</b>		r						
SECT	[10]	N E-3: SERVICE	S&	CE	NTER MEA	LS						
1.	Che	eck below the program	ms yo	ou ai	re offering in yo	our cente	er.					
	[]	Back Up/Emergency	[]	Sur	nmer Program fo	r school-	-agers					
	[]	Before/After School	[X]	Sta	te (or local gover	nment)-a	approved Kinderg	garte				
			[]	Oth	ner Programs							
2.	If o	t <b>her</b> special program	ıs are	e offe	ered by your cer	iter, ple	ase specify.					
3.		eck what meal, snack				-						
3.	CIR	eck what mear, shack	s and	ser	vices are inclu	JUEU I	II tuitioii.					
	[X]	Breakfast	[]		Morning Snack	[]	Lunch					
	[X]	Afternoon Snack	[]		Diapers	[]	Other Services					
4.	If o	t <b>her</b> services are pro	videa	l, ple	ease specify.							
_												
5.												
6.	If meals are NOT catered, do you prepare meals on-site? No											
7. 8.		parents provide luncles the Center particip			IIS Denartme	nt of A	oriculture's Chil	d and Adult Care				
0.		ed Program?	aic II	1 1110	o.s. Departine	nt OI A	Streamare's Cill	a and Adult Calt				
	No											

9. If yes to Question 6, what is the annual reimbursement amount? \$ 0

### **SECTION E-4: EMERGENCY PLANNING**

- 1. Between 01/01/2020 and 12/31/2020, how many did you have of the following:
  - Fire drills? (b)
  - Evacuation drills to your remote evacuation site?
  - Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)?



- Actual evacuations?
- 2.Date your Occupancy Emergency Plan (OEP) was last updated? 11/13/0020 (mm/dd/yyyy)

## **SECTION E-5: GSA Training Opportunities**

1. What training topics would the board of directors, the provider, and the staff be most interested in attending?

(Please limit your answer to 1000 charaters!)